

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

\* 04-191

Louise H. Renne

Renne Sloan Holtzman &amp; S

50 California St.

Suite 2100

San Francisco, CA 94111

## COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

M ALLEN

10/18/05

C. Signature

X

☒ Agent☐ Addressee

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☒ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

## 2. Article Number (Copy from service label)

7003 1010 0002 4028 3195

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

U.S. Postal Service<sup>TM</sup>CERTIFIED MAIL<sup>TM</sup> RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

Postage

\$

37

Certified Fee

2.30

Return Receipt Fee  
(Endorsement Required)

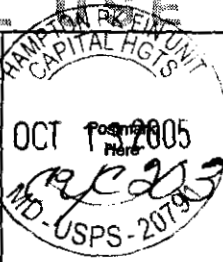
1.75

Restricted Delivery Fee  
(Endorsement Required)

Total Postage &amp; Fees

\$

4.42



Sent To:

LOUISE H. RENNE  
 Street, Apt. No.,  
 or PO Box No. 50 CALIFORNIA ST #2100  
 City, State, ZIP+4 SAN FRANCISCO CA 94111

PS Form 3800, June 2002

See Reverse for Instructions

7003 1010 0002 4028 3195